



# Student Worker Application

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date available to begin work: \_\_\_\_\_

Current High School:

\_\_\_\_ Agua Fria \_\_\_\_ Canyon View \_\_\_\_ Desert Edge \_\_\_\_ Millennium \_\_\_\_ Verrado

Which lunch are you available to work?      A      B  
☐      ☐

Have you ever worked as a student worker?      YES      NO      If yes, when? \_\_\_\_\_  
☐      ☐

## References

*Please list two references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?      YES      NO  
☐      ☐

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Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO  
☐ ☐

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**GBA – EQUAL EMPLOYMENT OPPORTUNITY**

The District provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, the District complies with applicable state and local laws governing nondiscrimination in employment. The District expressly prohibits any form of workplace discrimination or harassment based on race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability, or veteran status.

**Disclaimer and Signature**

**STUDENT MUST BE ENROLLED IN THE SAME HIGH SCHOOL WHILE EMPLOYED.**

*I certify that the information provided in this application is true and correct to the best of my knowledge. I agree to abide by the policies and procedures of AFUHSD. This does not guarantee placement in a position.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_